



## APPLICATION FOR RECORDS RETENTION SCHEDULE

OFFICE OF THE SECRETARY OF STATE  
DEPARTMENT OF ARCHIVES AND HISTORY  
RECORDS MANAGEMENT DIVISION

INSTRUCTIONS: See Publication No. 76-RM-1 for instructions on completing this form. Forward signed original to Department of Archives and History, Records Management Division, 330 Capitol Avenue, Atlanta, Georgia, 30334, Attention: Scheduling Section.

FOR AGENCY USE		FOR RECORDS MANAGEMENT USE	
Application Date June 17, 1976	1. Agency Address Department of Human Resources Division of Medicaid Medicaid Fiscal Unit 618 Ponce de Leon Atlanta, Georgia	Application Number 76-242	
Application Number DHR-70		Date Received JUL 16 1976	Date Completed JUL 29 1976
2. Person to Contact Bari Kerr		Working Title Supervisor	Telephone Number 894-4312
3. Action Requested a. <input checked="" type="checkbox"/> Establish Retention Schedule; record will continue to accumulate. b. <input type="checkbox"/> Dispose of present accumulation; no further accumulation anticipated. c. <input type="checkbox"/> Amend Application No. _____ Check One: <input type="checkbox"/> Change; <input type="checkbox"/> Supersede; <input type="checkbox"/> Void			
4. Dates of Series Earliest Latest Jan.-1976 Present		5. Records Series Title (followed by title used in office; if different) Medicaid Provider Invoice Submission Files	
6. Division and Office Function What is the function of the Division and the Office in which this record series is created?  The Medicaid Division has the responsibility to review for accuracy and approve for payment to State physicians, hospitals, rental agencies, ambulance services, nursing homes, and home health agencies, all Medicaid claims filed for reimbursement for services rendered to welfare recipients in the State of Georgia; and to answer inquiries and correspondence regarding Medicaid claims.			
7. Record Series Description This file contains the following documents (include form numbers and titles, if any): Attach samples of the file.  Documents relating to: _____ paying _____ Medicaid providers for services rendered to Medicaid clients.  Included are: (16mm roll microfilm). Provider Invoice Statement (DBP/MBS-5) identifying provider name, address, number, billing date; line itemized identification of recipient, county number, case number and similar and related service information; and provider's signature attesting to accuracy of submitted invoice.  File is arranged: chronologically by Julian date; thereunder by roll number.			
8. Monthly Reference Rate One to six months old <u>50</u> ; Seven to twelve months old <u>50</u> ; Thirteen to twenty-four months old <u>25</u> ; twenty-five months and older <u>5</u>			
9. Annual Rate of Accumulation of Records Letter-size drawers _____; Legal-size drawers _____; Shelves _____; Other (specify) <u>1-2 Microfilm</u> Drawers per month _____			

YES	NO	10. Questionnaire (Place an "X" in the proper column)
X		a. Is this the official copy of the series? If not, where is it?
X		b. Does the series contain confidential information requiring security handling? If yes, cite law or regulation. <i>Confidential client information</i>
	X	c. Is this a vital record?
	X	d. Does this series have historical or long term research value?
	X	e. When one or two documents in the file make it necessary to keep the entire file for a long period, could these documents be scheduled separately?
X		f. Is the information contained in this series ever published? If yes, attach copy.
X		g. Is the information contained in this series ever analyzed and/or recorded in a summarized report? If yes, attach copy. <i>Parts to be found in annual summaries</i>
X		h. Is there a duplication of this series in your office, or in another office or agency? If yes, where? <i>Provider maintains copy of submission.</i>
X		i. Is this series (or a major portion of it) regularly microfilmed? <i>16MM Roll Film</i>
X		j. Does the record series result in a computer printout? <i>Indexes and Summary Printouts (COM)</i>

#### 11. Retention Requirements

The following requires the series to be kept:

a. State Law	_____ years.	d. Audit period	_____ years.
b. Statute of limitation	_____ years.	e. Administrative need	<u>7</u> years.
c. Federal law	_____ years.	f. Federal retention instructions	<u>3</u> years.

Attach copy or excerpt of laws or regulations. Explain administrative need.

(See Attached Sheet)

#### 12. Approved Disposition Instructions

This agency recommends that the file series be cut off at the end of each:

☐ Calendar Year; ☐ Fiscal Year; ☒ Other \_\_\_\_\_ then,

- ☐ Hold in the current files area \_\_\_\_\_ month(s) \_\_\_\_\_ year(s); then
- ☐ Transfer to local holding area; hold \_\_\_\_\_ year(s); then
- ☐ Transfer to State Records Center; hold \_\_\_\_\_ year(s); then
- ☐ Destroy.
- ☐ Transfer to State Archives for permanent retention.
- ☒ Other (Specify)

**Security Copy -** After verification of accuracy of microfilm, cut-off file at the end of the month; then transfer to the State Records Center, hold 7 years; then destroy.

**Office Copies -** Cut-off file at the end of the fiscal year; hold three years in current files area; then destroy. Earlier destruction is authorized on duplicate office copies when active reference requires only one copy to be maintained in office.

**Provider Invoice Form** - After verification of accuracy of microfilm, destroy invoice form.

(Paper Copy)  
These instructions apply to all prior and future accumulations of the series.

Agency Head/Designee (Signature)	Date	Records Management Officer (Signature)	Date
<i>Sam Shumard</i>	07-01-76	<i>Wilma J. McDonald</i>	7-1-76

Recommendations in paragraph 12 are approved.  
(If disapproved, attach letter of explanation.)

	State Records Committee (Signature)	Date
State Auditor/Designee	<i>Wm. J. McDonald</i>	7-28-76
Secretary of State/Designee	<i>Carroll West</i>	7-27-76
Attorney General/Designee	<i>Pat Sheel</i>	7-28-76

Department of Human Resources  
Division of Medicaid  
Medicaid Fiscal Unit  
618 Ponce de Leon  
Atlanta, Georgia

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#11 (continued)

Federal Register Guide to Records Retention, March 21, 1974, Vol. 39, No. 56, Part II, Page 10796, paragraph 5.60, State Agencies Administering Public Assistance Programs, "to maintain records on applicants and recipients, program operation, fiscal and statistical information, and other records necessary for reporting and accountability" and paragraph 5.61, State and Local Agencies Participating in Public Assistance Programs, "to maintain accounting and fiscal records relating to the expenditure of funds."

Retention period: As prescribed by the Secretary. 45 CFR 205.60 and CFR 205.145.

Three years from date of submission of expenditure report or until resolution of all audit questions.

Based on previous reference experience, the Medicaid Section needs security copy for seven years to provide for prosecution of fraud cases and settlement of claims.